U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

				.1			7-14-14-14	
3. Name and address of person filing.				4. Name, file number, and address of labor organization.				
Name	Daniel	J Kv	achkoff	Name	Carpenter's	Local 1005		
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P.O. E	lox, Bldg., Room No., if any			P.O. B	ox, Building and Ro	oom Number, ir any	/ *	
Street	2773 West 136th	Lane		Street 780 Union Street				
City	Crown Point	\$4000 0 4444		City	Hobart		enteriority of temperature productions from the feature for the feature of the fe	
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State	Indiana		ZIP Code + 4 46307-5217	State	Indiana		ZIP Code + 4	46342-2536
5. Posit	ion in labor organization.	rustee	e for Carpenter's Loca	l 1005				
Ent	er appropriate data below If,	during th	te past fiscal year, you or your spo				of the following in	nterests
			(except as specified in the excl	usions set f	orth in the instruction	ons): 		
A. Heid moneta	d an interest in, engaged i ary value <b>from an emplo</b> y	n transa: y <b>er</b> who:	ctions (including loans) with, or se employees your organizat	derived in	come or other eco cents or is actively	onomic benefit of y seeking to repre	esent.	
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6. Nam	ary value from an employer (	yer who:	se employees your organizat	ion repres	ents or is actively	y seeking to repre	esent.	And the state of t
6. Name Name Trade	ary value from an employer (	yer who:	se employees your organizat	7.a. Nat	sents or is actively	y seeking to repre	esent.	
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6. Nam Name Trade	e and address of Employer (  Name, if any:  Box, Bldg., Room No., if any	yer who:	se employees your organizat	7.a. Nat	sents or is actively	y seeking to repre	esent.	And the state of t
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6. Name Name Trade P.O. E Street	e and address of Employer (  Name, if any:  Box, Bldg., Room No., if any	yer who:	trade name, if any).  ZIP Code + 4	7.a. Nat	sents or is actively	y seeking to repre	esent.	
Moneta 6. Name Name Trade P.O. E Street City State	e and address of Employer (  Name, if any:  Box, Bldg., Room No., if any  Signature and verification.  nitted in this report (including	The under the information	trade name, if any).  ZIP Code + 4	7.a. Natt	punt.	y seeking to represaction, or income.	, that all of the in	formation e best of the
6. Name Name Trade P.O. E Street City State	e and address of Employer (  Name, if any:  Box, Bldg., Room No., if any  Signature and verification.  nitted in this report (including resigned's knowledge and be	The under the information of the	zip Code + 4  Sig rsigned declares, under penalty o	7.a. Nature 7.b. Amo	punt.	y seeking to represaction, or income.	r, that all of the inatory and is, to th	formation e best of the

Name of Person Filing Daniel Kvachkoff		File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any).  Name Indiana Regional Council Of Carpenters-JATF  Trade Name, if any: Carpenters/Millright Apprenticeship  P.O. Box, Bldg., Room No., if any  Street 6125 East 38th Street  City Indianapolis  State Indiana ZIP Code + 4 46226-5603	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion							
40 KO L and a la abadrad divertisat as applicable some	11.a. Nature of such deali	ng.							
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provide training								
Street		f	VARIES						
	11.b. Approximate dollar valu		LANKTED						
State ZIP Code + 4	12.a. Nature of interest held or income received.  Compensation for wages and benefits as an employee of the training fund and reimbersement of expenses								
	epulado recursionis								
	12.b. Amount.		\$109,663						
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	er parts A and B above) y or other thing of value.  14.a. Nature of payment.								
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.								